



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Elmer Hartgerink, President
Wyckoff Chemical Company Inc.
1421 Kalamazoo Street
South Haven, Michigan 49090

RE: Interim Status Acknowledgement USEPA ID No. MID080361454
FACILITY NAME: Wyckoff Chemical Company Inc.

Dear Mr. Hartgerink:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

Note attached process Code, design capacity & information. g&s.

EPA ID NUMBER

WYCKOFF CHEMICAL CO.

MID080361454

FACILITY OPERATOR

WYCKOFF CHEMICAL CO INC

FACILITY OWNER

WYCKOFF CHEMICAL CO INC

FACILITY LOCATION

1421 KALAMAZOO ST.
SOUTH HAVEN

MI 49090

PROCESS CODE*

DESIGN CAPACITY

UNIT OF MEASURE

S02

12,000

G

KEY

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
STORAGE:				
CONTAINER	S01	G or L	GALLONS	G
TANK	S02	G or L	LITERS	L
WASTE PILE	S03	Y or C	CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G or L	CUBIC METERS	C
DISPOSAL:			GALLONS PER DAY	U
			LITERS PER DAY	V
			TONS PER HOUR	D
			METRIC TONS/HOUR	W
INJECTION WELL	D79	G,L,U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-Feet	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
TREATMENT:			HECTARES	Q
			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D,W,E, or H	METRIC TONS/DAY	S
OTHER	T04	U,V,J,R,N, or S		



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MID080361454

REACKNOWLEDGEMENT

WYCKOFF CHEMICAL COMPANY INC
1421 KALAMAZOO STREET
SOUTH HAVEN MI 49090

INSTALLATION ADDRESS

1421 KALAMAZOO STREET
SOUTH HAVEN MI 49090

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

**Wyckoff**

CHEMICAL COMPANY INC.

1421 Kalamazoo Street, South Haven, Michigan 49090

000007 AUG -8 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

MID0803614542

A

800808

I. NAME OF INSTALLATION

WYCKOFF CHEMICAL COMPANY, INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31421 Kalamazoo Street

CITY OR TOWN

4 SOUTH HAVEN

ST.

ZIP CODE

MI 49090

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

6 SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 WYCKOFF KENNETH PRESIDENT

616-637-8474

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 WYCKOFF CHEMICAL COMPANY, INC.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MID080361454

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Kenneth K. Wyckoff

NAME & OFFICIAL TITLE (type or print)

Kenneth K. Wyckoff, President

DATE SIGNED

8/6/80

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F M I D 0 8 0 3 6 1 4 5 4	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED			SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	WYCKOFF CHEMICAL COMPANY
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	MARTIN, ROBERT PLANT MANAGER	616	637 8474

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3	1421 KALAMAZOO STREET
B. CITY OR TOWN	
4	SOUTH HAVEN
C. STATE	D. ZIP CODE
MI	49090

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	1421 KALAMAZOO STREET		
B. COUNTY NAME			
VAN BUREN			
C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
SOUTH HAVEN	MI	49090	80

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	2	8	3	0	(specify)	DRUG MANUFACTURE					C	7	2	8	6	9	(specify)	Industrial Organic Chemicals Not elsewhere classified				
C. THIRD										D. FOURTH													
C	7					(specify)	N/A					C	7					(specify)	N/A				

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
C	8	W	Y	C	K	O	F	F	C	H	E	M	I	C	A	L	C	O	M	P	A	N	Y	.	I	N	C.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)									
F - FEDERAL S - STATE P - PRIVATE										M - PUBLIC (other than federal or state) O - OTHER (specify)										P (specify) N/A										A 6 1 6 6 3 7 8 4 7 4									
E. STREET OR P.O. BOX																																							
1 4 2 1 K A L A M A Z O O S T R E E T																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
S O U T H H A V E N																				M I					4 9 0 9 0					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																			
C	9	N													C	9	P																	
N/A																																		
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																			
C	9	U													C	9													(specify)	DNR AIR POLLUTION ESTABLISHMENT NO. (AQ-10)				
N/A															B 6 5 1 9																			
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																			
C	9	R													C	9													(specify)	DNR Wastewater Facility No.				
M I D O 8 0 3 6 1 4 5 4															9 3 2 6 7 3																			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. **SEE ATTACHED COPY**

XII. NATURE OF BUSINESS (provide a brief description)

BULK PHARMACEUTICAL MANUFACTURING

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Elmer Hartgerink, President	Elmer Hartgerink	7-25-84

COMMENTS FOR OFFICIAL USE ONLY

C	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C																		

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			F M I D 0 8 0 3 6 1 4 5 4											

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C 8		C 7	
YR. MO. DAY		YR. MO. DAY	
73 74 75 76 77 78		73 74 75 76 77 78	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		2. FACILITY HAS A RCRA PERMIT	
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

- AMOUNT - Enter the amount.
- UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

D U P											
1 2 3 4 5 6 7 8 9 10											
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)			
X-1	S 0 2	600	G		5						
X-2	T 0 3	20	E		6						
1	S 0 1	5000	G		7						
2					8						
3					9						
4					10						

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES ... **FOR DESCRIBING OTHER PROCESSES (code "T0")** ... **FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. JZZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY										
<div> <div>W M I D 0 8 0 3 6 1 4 5 4</div> <div>1</div> </div>															<div> <div>DUP</div> <div>2</div> <div>DUP</div> </div>										
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	F 0 0 3	100	T														S 0 1								
2	F 0 0 5	15	T														S 0 1								
3	D 0 0 1	8	T														S 0 1								
4	F 0 0 2	1	T														S 0 1								
5																									
6																									
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25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	8	0	3	6	1	4	5	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	2	2	3	0	0
55	56	57	58	59	60

8	0	1	6	2	4
72	73	74	75	76	77

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	Essex Chemical Corporation	2	0	1	7	7	3	6	3	0	0
13	14	15	16	17	18	19	20	21	22	23	24	25

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	1401 Broad Street	C	G	Clifton,	N	J	0	7	0	1	5
13	14	15	16	17	18	19	20	21	22	23	24	25

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Francis X. O'Shea

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Elmer Hartgerink, President

B. SIGNATURE

C. DATE SIGNED

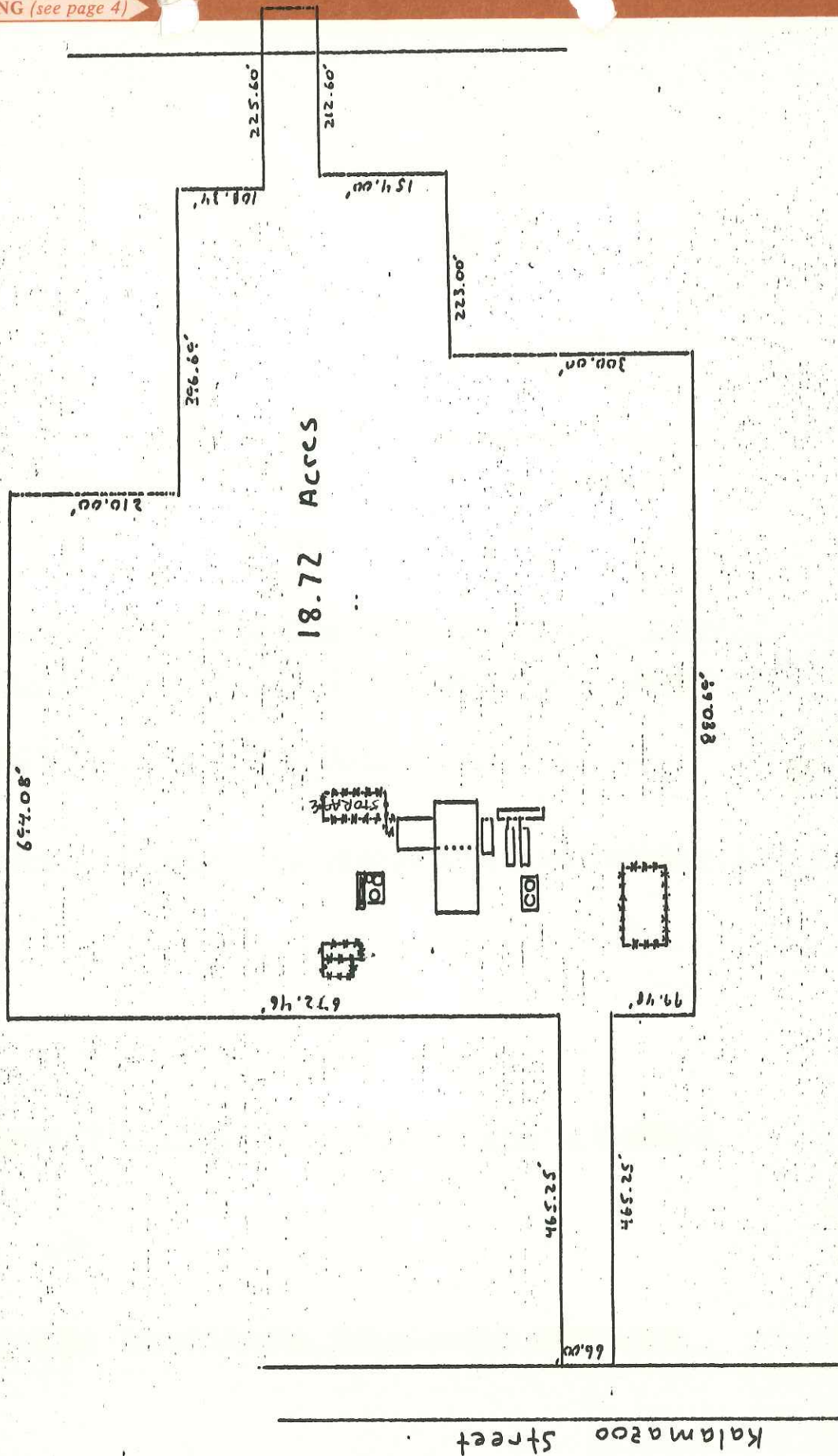
0h1-W

V. FACILITY DRAWING (see page 4)

1" = 200'

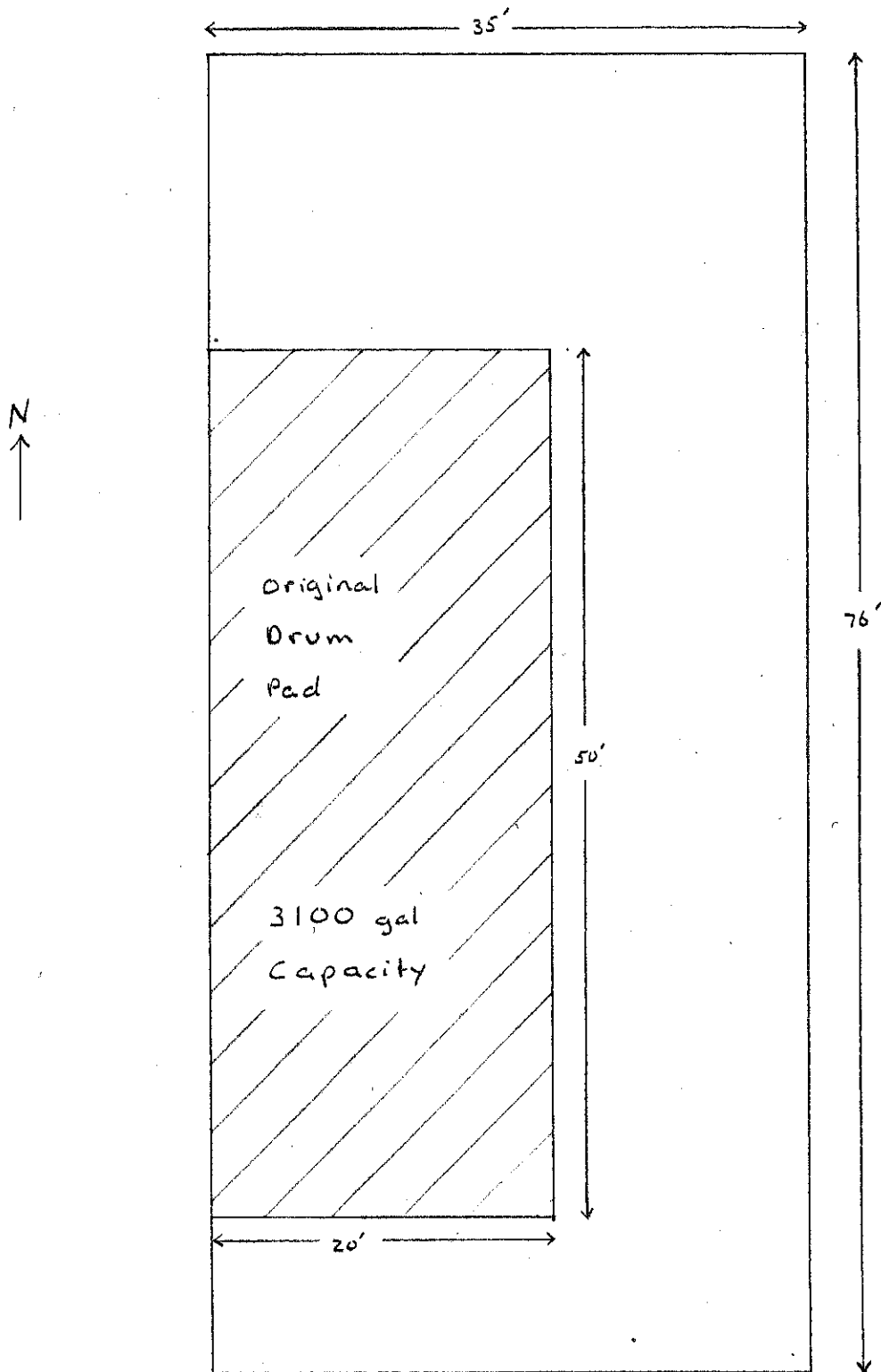
1-10-84

M R W



Wyckoff Chemical Company

Flammable Drum Storage



Original Drum Pad
is 5" deep

$\frac{1}{10}'' = 1'$
7-9-84
MRW

FORM 1
GENERAL

I. EPA I.D. NUMBER
MID080361454

III. FACILITY NAME
WYCKOFF CHEMICAL COMPANY, INC.

V. FACILITY MAILING ADDRESS
1421 Kalamazoo Street
South Haven, MI 49090

VI. FACILITY LOCATION



Wyckoff
CHEMICAL COMPANY INC.

1421 Kalamazoo Street, South Haven, Michigan 49090

I. EPA I.D. NUMBER
MID080361454

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP WYCKOFF CHEMICAL COMPANY INC.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)			
2	HARTGERINK ELMER PRESIDENT CEO	616	637	847	4

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1421 KALAMAZOO STREET	4	SOUTH HAVEN	MI	49090

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	1421 KALAMAZOO STREET	6	VAN BUREN	6	SOUTH HAVEN	MI	49090	80

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	2	8	6	9	(specify) Industrial Organic Chemicals not elsewhere classified					C	7	(specify) NA						
15	16	17	18	19						15	16	17	18	19					
C. THIRD										D. FOURTH									
C	7	2	8	9	9	(specify) Chemical & Chemical Preparations					C	7	(specify) NA						
15	16	17	18	19						15	16	17	18	19					

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?														
C	8	W	Y	C	K	O	F	C	H	E	M	I	C	A	L	C	O	M	P	A	N	Y	I	N	C.																			
15	16																									55																		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) NA					C	6	1	6	6	3	7	8	4	7	4									
																									15	16	17	18	19	20	21	22	23	24	25									
E. STREET OR P.O. BOX																																												
1 4 2 1 K A L A M A Z O O S T R E E T																																												
26																										55																		
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND														
C	B	S	O	U	T	H	H	A	V	E	N									M	I	4	9	0	9	0	Is the facility located on Indian lands?																	
15	16											40	41	42	43	44	45	46	47	48	49	50	51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				
																																			52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																				
C	9	N	NONE												C	9	P	NONE																	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																				
C	9	U	NONE												C	9	NONE												(specify) NA						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																				
C	9	R	NONE												C	9	NONE												(specify) NA						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of Specialty Organic Chemicals, which are sold, primarily to the Pharmaceutical Industry.

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Elmer E. Hartgerink President															Elmer E. Hartgerink															11/18/80									

COMMENTS FOR OFFICIAL USE ONLY

C																									
15	16																								

176

FORM 3 RCRA
U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
S M I D 0 8 0 3 6 1 4 5 4 3 1
T/A C

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	29

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

PCAR
YR. MO. DAY
8 7 9 0 3 0 8
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☒ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY
7 9 0 3 0 8
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		D U P		T/A C		3 1			
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	12000	G		7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T0*"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. 1-25	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W M I D 0 8 0 3 6 1 4 5 4 3 1													W DUP T/A C 3 2 DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES															
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
	23	24	25	26	27	28		29	30	31	32	33	34	35	36	37	38	39	40		41	42	43	44	45	46	47	48
1	F	0	0	3	15,900	00	00	P	S	0	2																	
2	F	0	0	5	1,000	00	00	P	S	0	2																	
3																												
4																												
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	8	0	3	6	1	4	5	4	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6 N/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F8 N/50

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4 2 2 3 0 0 0

LONGITUDE (degrees, minutes, & seconds)

0 8 0 1 6 0 2 4

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
F												G																			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Elmer E. Hartgerink

B. SIGNATURE

Elmer E. Hartgerink

C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Elmer E. Hartgerink

B. SIGNATURE

Elmer E. Hartgerink

C. DATE SIGNED

11/18/80



Wyckoff

CHEMICAL COMPANY INC.

November 26, 1980

OR
EPA Region IV
RCRA Activities
P.O. Box 7861
Chicago, IL 60680

REF: EPA I.D. Number MID 080361454

Dear Sir:

Enclosed, please find the topographical map showing the location of Wyckoff Chemical Company. We are located in an Industrial Park, which was developed after this map was drawn in 1927.

This map is a supplement to our application for the EPA permit to store organic solvents on site, prior to shipment to a licensed waste disposer, for conversion to fuel or incineration.

Sincerely,

WYCKOFF CHEMICAL COMPANY, INC.

Elmer E. Hartgerink

Elmer E. Hartgerink
President

pb

enc.

NOV. 26th, 1980

1421 Kalamazoo Street, South Haven, Michigan 49090



Wyckoff

CHEMICAL COMPANY INC.

November 18, 1980

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, IL 60680

Gentlemen:

The topographic maps required for Item XI, Form A of this application is not available at this date. These maps have been ordered and will be forwarded to you as soon as they are received.

Sincerely,

WYCKOFF CHEMICAL COMPANY, INC.

Elmer E. Hartgerink

Elmer E. Hartgerink
President

pb

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING

BOX 30028

LANSING, MI 48909

GORDON E. GUYER, Director

NATURAL RESOURCES COMMISSION
THOMAS J. ANDERSON
MARLENE J. FLUHARTY
KERRY KAMMER
O. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE

May 6, 1988

CERTIFIED MAIL

Mr. Mark Wallace, Plant Engineer
Wyckoff Chemical Company, Inc.
1421 Kalamazoo Street
South Haven, Michigan 49090

Dear Mr. Wallace:

SUBJECT: Wyckoff Chemical Company, Inc.
Act 64 Operating License Application
MID 080 361 454

In 1984, the Federal Resource Conservation and Recovery Act (RCRA) was amended by the Hazardous and Solid Waste Amendments (HSWA) to require a final decision on all permit applications for hazardous waste storage facilities by November 8, 1992. In order to meet the HSWA permit issuance deadline, the Michigan Department of Natural Resources is hereby formally calling in the Act 64 (1979 PA 64, as amended) operating license application for your hazardous waste storage areas located at 1421 Kalamazoo Street, South Haven, Michigan. This call-in is being made pursuant to MAC R 299.9502. As specified in R 299.9502(3)(b), an owner or operator of a storage facility must submit a complete operating license application within 120 days of being requested to do so. As an agent for the U.S. Environmental Protection Agency, the Department is also calling in the HSWA portion of your permit application pursuant to Section 3004(u) of RCRA. The operating license will have a federally issued portion and a state issued portion. This dual permitting results because Michigan has not yet received final authorization for all portions of HSWA.

If you do not intend to continue to operate the facility, you may submit a closure plan in lieu of the requested operating license application. The closure plan must meet the requirements of 40 CFR 264 Subpart G, in accordance with and as adopted by reference in R 299.9601(3) and (8). If you desire to pursue this option, you must submit a complete closure plan no later than September 8, 1988.

The following comments will assist you in satisfying this request:

1. If you intend to submit an operating license application, an application form and a detailed instruction package are enclosed for your use. Instructions for preparing a closure plan may be obtained by calling the Hazardous Waste Permits Unit at 517-373-2730.

Mr. Wallace
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May 6, 1988

Portions of the application will be extracted and made enforceable provisions of your license. As such, they must be submitted as complete, free standing documents to allow easy attachment to the license. Each item should be precisely written with specific schedules and commitments. Generalities and discretionary language should be avoided whenever possible. The following items are the primary attachments to the Act 64 license:

- a. Waste analysis plan;
 - b. Inspection schedule;
 - c. Personnel training program;
 - d. Contingency plan;
 - e. Closure and post-closure plan (including cost estimates);
 - f. Facility plans and specifications;
 - g. Procedures for all environmental monitoring carried out at the facility.
2. If applicable, the operating license application must include a corrective action program to achieve compliance with Section 3004(u) of RCRA. The RCRA portion of a hazardous waste permit (that portion addressing HSWA requirements) cannot be issued until the requirements of Section 3004(u) are met. Section 3004(u) requires "corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage or disposal facility seeking a permit under this subtitle." The provisions of HSWA require that decisions on permit applications be made on a rigid time schedule.

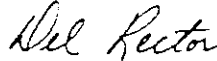
Please submit ten copies of your Act 64 operating license application by September 8, 1988. If you desire to close the facility in lieu of obtaining a permit, please submit a complete closure plan by the date specified previously. The Department recommends that you contact the Hazardous Waste Permits Unit as soon as possible to discuss the requirements outlined in this letter. Failure to submit the requested information within the time period indicated may result in the denial of your applications under Act 64 and RCRA.

Information obtained by the Department through an operating license application is routinely treated as a public record, as provided in the Freedom of Information Act, 1976 PA 442. A record, permit application, or other information, or a portion of a record, permit application, or other information furnished to or obtained by the Department or its agents under Act 64, may be designated confidential, for use only by the Department. If this option is pursued, however, detailed justification for the confidentiality request must be submitted with the Act 64 application. Please submit all confidential material in a sealed envelope marked "confidential material enclosed" and indicate same in your transmittal letter.

Mr. Wallace
Page 3
May 6, 1988

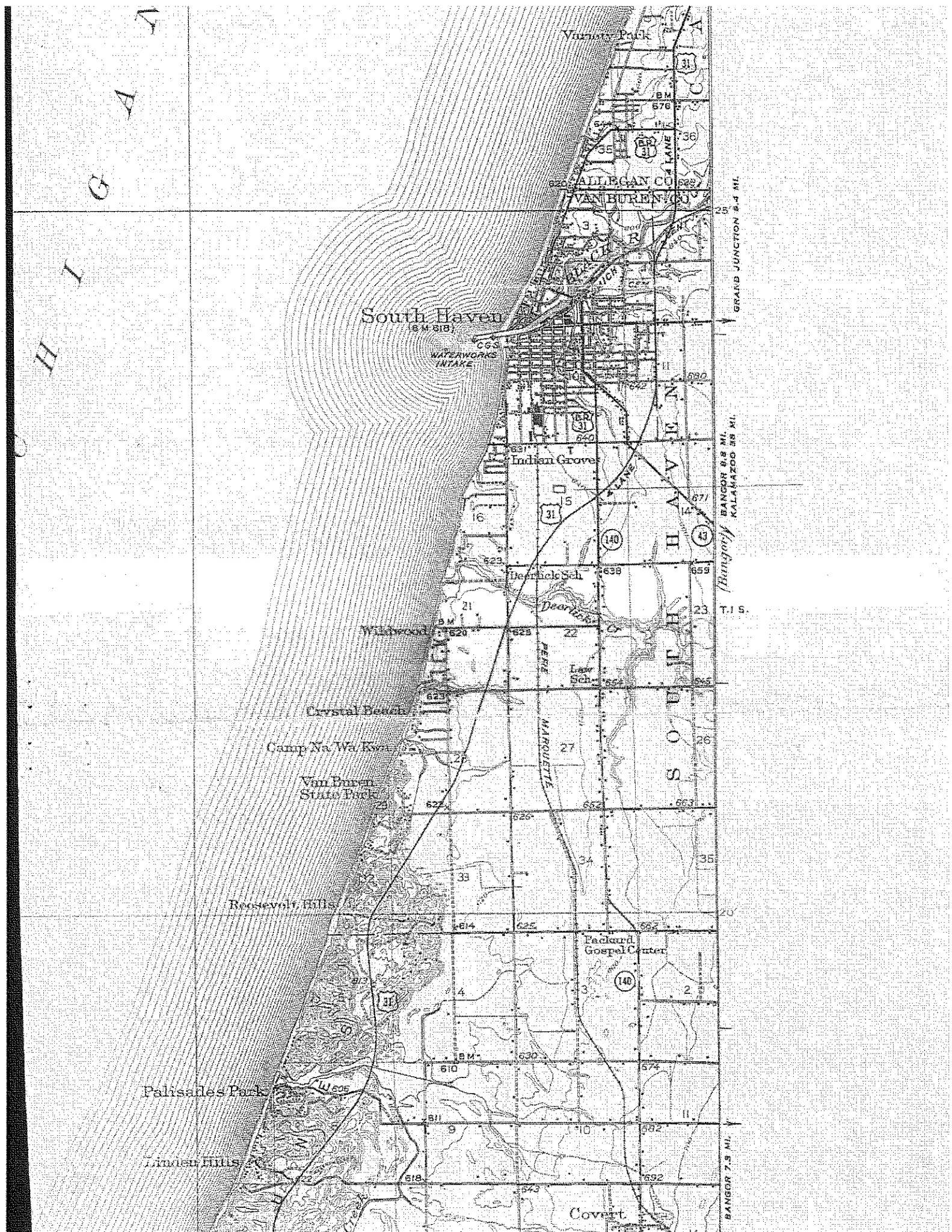
If you have questions, please contact the Hazardous Waste Permits Unit,
Waste Management Division, at 517-373-2730.

Sincerely,



ACTING
Gordon E. Guyer
Director
517-373-2329

cc: Ms. Marilyn Sabadaszka, U.S. EPA
Mr. Richard Traub, U.S. EPA
Mr. Alan Howard, DNR
Mr. John Bohunsky, DNR/District DNR
Mr. Ken Burda, DNR/Operating License File



CH I G A

GRAND JUNCTION 6.4 MI.
BANGOR 8.8 MI.
KALAMAZOO 38 MI.
T.I.S.
BANGOR 7.5 MI.

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. ☐

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

F M I D 0 8 0 3 6 1 4 5 4 1

This Facility's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

W Y C K O F F | C H E M I C A L | C O M P A N Y , | I N C

30 69

IV. FACILITY MAILING ADDRESS

[3] [1] [4] [2] [1] | K A L A M A Z O O S T R E E T

Street or P.O. Box

V. LOCATION OF FACILITY (if different than section IV above)

A number line starting at 15 and ending at 45. Major tick marks are labeled at 15, 20, 25, 30, 35, 40, and 45. Minor tick marks are present every 1 unit. The number 5 is written in a box above the tick mark for 15.

Street or Route number

[illegible]

VI. FACILITY CONTACT

2 WALLACE, MARK 45

Name (last and first)

616 — 637 — 8474

46 55

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

\$

16	19	22

25	28	31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. CERTIFICATION

CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Elmer Hartgerink, President

Print/Type Name

Title

Elmer Harger 2-28-84
Signature of Authorized Representative Date Signed

Date Signed _____

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F M I D 0 8 0 3 6 1 4 5 4 1 1
1 2 13 14 15

X. GENERATOR'S EPA I.D. NO.

G M I D 0 8 0 3 6 1 4 5 4
16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Wyckoff Chemical Company

ON-SITE ☒

XII. GENERATOR ADDRESS

1421 Kalamazoo Street
South Haven, MI 49090

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 1 1 0 6 0 9 L P S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM
 S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	Still bottoms from xylene recovery	F 0 0 3 33 36 37 40	S 0 1	3 0 6 9 0	P
	2	Still bottoms from MEK recovery	F 0 0 5 41 44 45 48	S 0 1	2 5 6 5	P
	3	Still bottoms from toluene recovery	F 0 0 5 49 51 52 60	S 0 1	7 6 0 5	P
	4	Still bottoms from methanol recovery	F 0 0 3 61	S 0 1	4 8 2 4	P
	5	Still bottoms from IPA recovery	D 0 0 1	S 0 1	1 6 6 5	P
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number—see instructions)

All weights are estimates. All waste is stored in 55 gallon drums.

Section XIV line 5 The still bottoms are considered flammable and is generated by the distillation of Procainamide mother liquor to recover Isopropyl Alcohol.

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

F M I D O 8 0 3 6 1 4 5 4 1
1 2 13 14 15

T/A C

TSDig

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

W Y C K O F F C H E M I C A L C O M P A N Y , I N C .
30 69

IV. INSTALLATION MAILING ADDRESS

3 1 4 2 1 K A L A M A Z O O S T R E E T
15 16 45

Street or P.O. Box

4 S O U T H H A V E N M I 4 9 0 9 0
15 16 41 42 47 51
City or Town State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51
City or Town State Zip Code

VI. INSTALLATION CONTACT

2 W A L L A C E , M A R K
15 16 45

Name (last and first)

6 1 6 - 6 3 7 - 8 4 7 4
46 55
Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Elmer Hartgerink, President

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Elmer Hartgerink 2-28-84

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	8	0	3	6	1	4	5	4	1
1	2										13	14	15

T/A C

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

A-1 Disposal Corp.

XI. FACILITY ADDRESS

P.O. Box 248
400 Broad Street
Plainwell, MI 29080

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	5	9	6	9	5	4	5	2
16											28	

XII. TRANSPORTATION SERVICES USED

A-1 Disposal Corporation

USEPA # MID059695452

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Distillation heel from MEK recovery	08	F 0 0 5	1 1 4 8 8	P
32	2	Distillation heel from MEK recovery	08	F 0 0 5	1 6 3 0 2	P
	3	Distillation heel from Toluene Recovery	08	F 0 0 5	5 1 0 0	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G MI ID 08 01 36 11 45 41 11
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F KY D 08 84 38 81 7
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

L.W.D. Inc.

XI. FACILITY ADDRESS

P.O. Box 327
Calvert City, KY 42029

XII. TRANSPORTATION SERVICES USED

Mr. Frank Inc.
201 W. 155th St.
South Holland, IL 60473

USEPA # ILD069506160

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Methanol solution to be recovered	018	U 154 35 38 39 42	410101010	P
32	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	8	0	3	6	1	4	5	4	1
1	2									13	14	15	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Michigan Disposal Inc.

XI. FACILITY ADDRESS

49350 North Service Dr.
Belleville, MI 48111

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	0	0	7	2	4	8	3	1
16											28	

XII. TRANSPORTATION SERVICES USED

A-1 Disposal Corporation
400 Broad St.
Plainwell, MI 49080

USEPA # MID059695452

XIII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	Waste alkaline liquid (waste Salsalate-Water solution)	012	D 012	4000000	P
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Tear out here

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	8	0	3	6	1	4	5	4	1
1	2									13	14	15	

T/A C

X. FACILITY'S EPA I.D. NO.

F	I	N	D	0	1	6	3	6	0	2	6	5
16											28	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

American Chemical Service, Inc.

XI. FACILITY ADDRESS

420 S. Colfax
Griffith, IN 46319

XII. TRANSPORTATION SERVICES USED

Mr. Frank Inc.
201 W. 155th St.
South Holland, IL 60473

USEPA # ILD069506160

XIII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste flammable liquid Waste solvents N.O.S.	08	D001	44000	P
			33 34 43	35 38 39 42	51 59 60	
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)